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MYOCARDIAL ISCHEMIA AND INFARCTION

VALIDATION OF THE CRUSADE BLEEDING RISK SCORE IN PATIENTS WITH NON-ST ELEVATION ACUTE MYOCARDIAL INFARCTION IN SPAIN

ACC Poster Contributions
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Background: The CRUSADE risk score is a probabilistic model that is able to estimate the probability of major bleeding in the patients hospitalized due to non-ST elevation acute myocardial infarction (NSTEMI). Because of the substantial regional variation in patient characteristics and management patterns, we sought to validate this risk score in a contemporary Spanish population with NSTEMI.

Methods: Prospectively, between Feb/2004 & Feb/2009, 782 consecutive patients with the definitive diagnosis of NSTEMI were included. Model discrimination and calibration was evaluated by the c statistic and Hosmer-Lemeshow goodness of fit test, respectively. The model performance was evaluated in the whole population and among patients receiving ≥2 versus <2 antithrombotic medications (AT) and among those who underwent invasive coronariography and were receiving ≥2 AT.

Results: The median of CRUSADE score was of 30 points [18-45] (rank 1-86). 657 (84%) were treated with ≥2 and coronariography was performed in 609 (92.7%) of them. The major bleeding incidence was 9.5%, and it was incremental across risk score quintiles (1.5%, 2.3%, 7.8%, 11.8% and 28.9% for very low, low, moderate, high and very high risk quintil ($p<0.001$); respectively). In the whole population, in the subgroups of treatment with and without 2 or more AT and in those who underwent coronariography subgroup and were receiving ≥2 AT, the CRUSADE score shown an adequate calibration and excellent discriminative capacity (p-value of Hosmer-Lemeshow >0.3 ($x2 <5$) and c statistic of 0.82, 0.80, 0.70 y 0.80; respectively).

Conclusions: The CRUSADE risk score for prediction of major bleeding during hospitalization for NSTEMI patients was well validated and it can be used in our setting for bleeding risk estimation.